

**CHECKLIST
for
Permission to Sit for the MFT Examination**

- ☐ MFT 1 - General Information Form
- ☐ MFT 2 - Application Form
- ☐ MFT 3 - Educational Requirements Form and a copy of the graduate catalog course description and/or syllabi for all courses. (Not required for graduates of COAMFTE accredited programs.)
- ☐ Official Transcripts from any institution at which relevant graduate coursework was completed.
- ☐ \$150 Application Review Fee - One time fee required of all first time applicants for Board review of credentials (not required if previously submitted).

Note: Once your application to sit for the examination has been approved, you will be sent an exam candidate information packet with information regarding how to schedule and pay for the exam administered by the Professional Examination Service (PES).

For general exam information please refer to mft@proexam.org or "Examination Information" located at www.mft.state.al.us for testing windows and commonly asked questions.

**SEE APPLICATION INSTRUCTIONS FOR FURTHER DETAILS. DO NOT
SUBMIT AN INCOMPLETE APPLICATION, INCOMPLETE APPLICATIONS WILL
BE RETURNED.**

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
P.O. Box 240066
Montgomery, AL 36124-0066
Phone: (334) 215-7233
Fax: (334) 215-7231
E-mail: paula.scout@mft.alabama.gov
Website: www.mft.state.al.us



Application for: ☐ Marriage and Family Therapy Intern (MFT Intern)
☐ Marriage and Family Therapy Associate (MFT Associate)
☐ Permission to sit for the Marriage and Family Therapy
☐ Licensed Marriage and Family Therapist (LMFT)
☐ Licensed Marriage and Family Therapist By Endorsement

Name: _____
Last First Middle/Maiden

Social Security Number: _____ **Date of Birth:** _____

Gender: ☐ Male ☐ Female

Have you ever held an Alabama Professional License Before? ☐ No ☐ Yes, as follow(s):

Name of Profession: _____ License #: _____

Name of Profession: _____ License #: _____

Name of Profession: _____ License #: _____

Work Mailing Address:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Home Mailing Address:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Preferred Mailing Address (The address listed here will be public.):

☐ Work ☐ Home

**MFT 2
Application Form**

- Application for: ☐ Marriage and Family Therapy Intern (MFT Intern)
☐ Marriage and Family Therapy Associate (MFT Associate)
☐ Permission to sit for the MFT Examination
☐ Licensed Marriage and Family Therapist (LMFT)
☐ Licensed Marriage and Family Therapist By Endorsement

PROFESSIONAL GRADUATE EDUCATION:

List all institutions at which you obtained graduate or post-graduate degrees.

Degree Awarded	Date of Degree	Program	Name of Institution	Accreditation by the Commission on Accreditation for Marriage and Family Therapy (Yes/No)

- ☐ Yes ☐ No I have enclosed an official transcript showing completion of my degree(s)/course work. (Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.)

ACCREDITATION:

- ☐ Yes ☐ No Is the earned Marriage and Family Therapy degree from a COAMFTE accredited institution? If "no," complete the Educational Requirements Form (MFT 3) and submit course descriptions.

PROFESSIONAL EXAMINATION REQUIREMENT:

- ☐ Yes ☐ No I am requesting permission to sit for the Marriage and Family Therapy Examination.
- ☐ Yes ☐ No I have passed the Marriage and Family Therapy Examination. (Only required for LMFT Applications.)
- ☐ Yes ☐ No I have enclosed an official copy of my test results showing a passing score. (Only required for LMFT Applications)

MFT 3
Educational Requirements Form

To be completed by all applicants who have not graduated from a COAMFTE accredited curriculum in Marriage and Family Therapy. You can expedite the review process by providing a copy of a graduate catalog course description and/or syllabus of any identified courses. You can only apply one course to a single category on this form. See the detailed description of required course work in the Rules and Regulations 536-X-4, page 10-11. (S=Semester, Q= Quarter)

1. Marriage and Family Studies (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

2. Marriage and Family Therapy (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

3. Human Development (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

MFT 3 (cont.)
Educational Requirements continued

4. Professional Ethics (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total

Credits:_____

5. Research (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total

Credits:_____

6. Supervised Clinical Practicum (minimum of 12 months, including 500 direct client contact hours, 250 of which must be with couples or families physically present in the therapy room. A minimum of 100 hours of supervision by a board-approved supervisor must have been obtained concurrently with the direct client contact hours). A post degree internship/work experience may be used to fulfill this requirement in part or full. A Record of Supervision Form (MFT 10) completed by your supervisor must also accompany your application.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total

Credits:_____